

1488

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 54

13 13 DEATH 26 ID RESIDENCE 5	1. PLACE OF DEATH A. COUNTY Santa Cruz		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IN INSTITUTION, RESIDENCE BEFORE ADMISSION). A. STATE Arizona Santa Cruz		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) Nogales	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 35yr 35yr	C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Nogales		
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OF LOCATION) 5 Camp Little		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 5 Camp Little		
ENT INAL TA 178 5 949	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Ramon B. (MIDDLE) Bojorquez C. (LAST) Bazurto			4. SEX m	5. COLOR OR RACE wh
	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH 2 DAY 10 YEAR 76	8. AGE YEARS 78 MONTHS 7 DAYS 15	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). stone mason	9B. KIND OF BUSINESS OR INDUSTRY building
	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Calif.	11. CITIZEN OF WHAT COUNTRY? U.S.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no	13. SOCIAL SECURITY NO. no	14A. FATHER'S NAME Ramon Bazurto Sr.
	14B. BIRTHPLACE (STATE OR COUNTRY) Calif.	15A. MOTHER'S MAIDEN NAME Dolores Bojorquez	15B. BIRTHPLACE (STATE OR COUNTRY) Mex.	16. INFORMANT'S SIGNATURE Records, C. County W. 178	17. DATE OF DEATH 9/25/49
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). (c) THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Pulmonary hemorrhage ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. Tuberculosis, pulm. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH 2 days 12-15 years
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	21C. (CITY OR TOWN) (COUNTY) (STATE)	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) OF INJURY		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM April 18, 1949 to Sept 25, 1949. THAT I LAST SAW THE DECEASED ALIVE ON Sept 25, 1949 AND THAT DEATH OCCURRED AT 5:30p. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
23A. SIGNATURE S. V. O. M.D.	23B. ADDRESS Nogales, Arizona	23C. DATE SIGNED 9/27/49			
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE 9/28/49	24C. NAME OF CEMETERY OR CREMATORY Nogales City	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Nogales, Arizona		
25A. DATE REC'D BY 9/27/49	25B. REGISTRAR'S SIGNATURE Florence G. Reed	25C. FUNERAL DIRECTOR'S SIGNATURE Cartoon Mortuary	25D. ADDRESS Nogales, Arizona F.D. Lic. #27 S.C. Parish		